

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH16454
State File No. 1003
Registrar's No. 4566

FILED JUN 10 1955

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 4566 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | | e. STREET ADDRESS (If rural, give location) 3309 Oregon Avenue 1240 | | | |
| 3. NAME OF DECEASED (Type or Print) Magdalene | | a. (First) b. (Middle) c. (Last) Bauer | | 4. DATE OF DEATH (Month) (Day) (Year) May 23, 1955 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH July 22, 1873 | |
| 9. AGE (In years last birthday) 81 | | 10. IF UNDER 1 YEAR Months _____ Days _____ | | 11. IF UNDER 2 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | | | 10b. KIND OF BUSINESS OR INDUSTRY Stix-Baer & Fuller | | 11. BIRTHPLACE (City and State or Foreign Country) Tennessee | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME John Sandberg | | 13b. MOTHER'S MAIDEN NAME Mary Loeffle | | 14. NAME OF HUSBAND OR WIFE ----- Bauer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. 488-03-3582 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. A. Sandberg - 3309 Oregon Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism ANTERIOR CAUSES DUE TO (b) Auricular Fibrillation DUE TO (c) Art. Sclerotic C-V Dis OTHER SIGNIFICANT CONDITIONS Fracture Left Hip 2. OTHER CAUSES Mortal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | INTERVAL BETWEEN ONSET AND DEATH none 5 yrs 20 yrs 1 mo | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | | 21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. | | 21c. HOW DID INJURY OCCUR? fell at home | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) at 4:11-55 ? m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from June 3, 1955, to 5/23, 1955, that I last saw the deceased alive on 5/23, 1955, and that death occurred at 10:00A.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Norman W. Deeg | | 23b. ADDRESS 634 N. Gravel | | 23c. DATE SIGNED 5/24/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 25, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. MAY 24 1955 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Keller - 3634 Gravois Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.